

Attached Required Document Checklist
 Voided Check
 Business Verification Document
 Copy of Drivers License

Date Submitted: _____
 Fax to : 901-692-9499
 email to: applications@Impactpays.net



Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: Dooly Automotive
 Business Legal Name: Dooly Automotive
 Contact Name: Daniel Dooly Contact Phone Number: 931-264-2366
 Physical Address: 1322 Hwy 70w City, State, Zip: Waverly TN 37185
 Phone Number: 931-264-2366 Fax Number: _____
 Email Address: daniel.dooly8@gmail.com Website: doolyAuto.com
 Billing Address: 1322 Hwy 70w City: Waverly
 State: TN Zip: 37185

Business Type

Corporation - circle one: Private or Public
 LLC - circle one: C corp S corp P partner D disregarded entity
Sole Prop Other: _____
 Partnership
 Business Start Date: 8-7-23
 Refund Policy: 30 days 60 days Other None
 EIN/Federal Tax ID# 93-2349432 Print Refund Policy on Footer: Yes No
 Types of Goods Sold: Vehicle (If yes input message in notes)

Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form

Officer/Owners Name: Daniel Dooly Title: Owner Social Security: 379-78-8329
 Home Address: 202 Dogwood Circle City, State, Zip Code: Waverly TN 37185
 Drivers License#: 070069971 Expiration Date: 4/23/26 State: TN
 DOB: 5-1-73 Home Phone Number: 615-938-1556
 % of Business Owned: 100 % Length of Ownership: 1 yr

Banking Information ** No starter checks or deposit slips accepted

Terminal Questions (Circle your answer)

Name of Bank First Bank Batch Out Time: 5 pm
 ABA Routing # 084307033 Communication Method: IP-Internet or Dial-phone
 Account # 88545140 Do you dial 9 for outside line? Yes No

Estimated Sales Volume

Terminal Type: UL 100

Estimated Annual Sales (All sales)	<u>\$100,000</u>	Reprogram Terminal:	Yes	<u>No</u>
Estimated Visa/MC/Discover Sales	<u>\$ 8,000</u>	Equipment Purchase:	Yes	<u>No</u>
Estimated Monthly Visa/MC/Discover/ AMEX Sales	<u>\$ 8500</u>	Equipment Rental Program:	<u>Yes</u>	No
Average Ticket	<u>\$1,000</u>	Next Day Funding:	<u>Yes</u>	No
High Ticket	<u>\$5,000</u>	Tip Edit:	Yes	<u>No</u>

First two sections must equal 100% respectively

EBT: Yes No FNS Number: _____

Card Swiped: 95 % Card Keyed In: 5 % =100%
 Card Present: 95 % Card Not Present 5 % =100%

Tax Calculation: Yes No If so tax rate: _____ %

Software or POS Integration Questions Only

MOTO: 0 % Internet: _____ %
 Traditional IBUXX SimpleBuxx PrimeBuxx

POS Software Integration: Yes No

Software Name & Version: _____

Notes: _____
 MP/AP Name: _____
 RP Name: _____
 Pricing Provided: Statement Analysis or Quote

Receipt Header Message: _____
 Receipt Footer Message: _____